

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400020007-9

SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

2

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

PAID BY

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 232

To

(Payee)

(Address)

(City)

(State)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|---|-----------------------------|---|----------|--|------------|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Cost | | | | 1,533 | 86 |
| Use continuation sheet(s) if necessary | | | | | | | |
| Shipped from to Weight Government B/L No. | | | | Total | \$1,533 86 | | |
| I certify that the above bill is correct and just and that payment has not been received. | | | | (Payee must NOT use this space) Differences | | | |
| STATINTL (Sign original only) | | | | | | | |

SA/PC/DCI

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in favor of payee named above.
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability of the signatory to sign in the name of the company is in doubt, the signatory must be accompanied by an approving officer who will sign on the line below and state the capacity in which he signs, and over his official title.

Per

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Bureau Voucher for Purchases and
Services Other Than Personal

CONTINUATION SHEET

U. S. Cost Reimbursable

Sheet No. _____ of Bureau Voucher No. 2

(Department, bureau, or establishment)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT | |
|--------------------------|-----------------------------------|--|---------------|------------|-----|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| STATOTHR | | CONFIDENTIAL PAYROLL | | | | | |
| | | Direct Labor costs properly chargeable to Contract A101 for the period 1/17/55 thru 1/23/55 | | | | | |
| | | Week Ending 1/23/55 | | | | 639 | 11 |
| | | <div></div> | | | | 894 | 75 |
| | | | | | | 1,533 | 86 |